MAXIMUS Federal Services

Case Number:	CM14-0016070		
Date Assigned:	06/04/2014	Date of Injury:	01/02/2013
Decision Date:	08/06/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female with a reported date of injury January 02, 2013. The injured worker presented with postoperative arthrotomy of the right wrist with excision of dorsal ganglion cyst and extensor tendon tenosynovectomy of the right wrist on January 07, 2014. Upon postoperative examination dated January 15, 2014, the injured worker presented with mild sharp pain in the right hand rated 5/10. The unofficial x-ray of the right hand and right wrist revealed no increase of osteoarthritis and incision healing well. According to the clinical note dated February 06, 2014, the injured worker was evaluated for physical therapy, two visits per week for three weeks. The physical therapy note dated February 06, 2014 indicated that the injured worker's resting pain was 3/10 with activity was 7/10; strength was 2/5. The wrist range of motion revealed flexion to 40 degrees, extension to 20 degrees, ulnar deviation to 20 degrees, and radial deviation to 10 degrees. The physical therapy noted dated March 31, 2014; this pain was rated at 3/10 at rest, with activity it rated at 7/10. Strength was observed at 2/5 with range of motion revealed flexion to 40 degrees, extension to 20 degrees, ulnar deviation to 20 degrees, and radial deviation to 10 degrees. The physical therapy note dated May 06, 2014, the injured worker rated pain at rest 3/10, with activity rated at 7/10. The injured worker's strength was noted at 2/5 with range of motion revealed flexion to 40 degrees, extension to 20 degrees, ulnar deviation to 20 degrees, and radial deviation to 10 degrees. The injured worker's diagnoses included arthrotomy of the right wrist with excision of the dorsal ganglion cyst and joint pain. The medication regimen included Dyotin SR 250 mg, flurbitec, Theraflex cream, Keratek gel and Vicosetron. The retrospective request for Vicosetron, Theraflex, cyclobenzaprine, Dyotin, flurbitec, Keratek gel and postoperative physical therapy to the right wrist/hand was submitted on February 05, 2014. The physician indicated that authorization for postoperative physical therapy of 3 times a week for 4 weeks to regain strengthening and stability to her right wrist with

Heel and Touch Facility. The injured worker was also given prescriptions for Dyotin for nerve pain, flurbitec blocker for acid prevention, Theraflex cream for pain, inflammation, and muscle spasms. Keratek gel was prescribed for pain and inflammation and the Vicosetron was prescribed as a narcotic analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Vicosetron 7.5/300/2mg (dispensed 1/15/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Compound Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Drugs.

Decision rationale: The Official Disability Guidelines (ODG) do not recommend compound drugs as a first line therapy for most patients, but recommend as an option after a trial of first line FDA approved drugs, if the compound drug uses FDA approved ingredients that are recommended in the ODG. In general, FDA approved drugs should be tried prior to prescribing a compound drug, unless specific patient issues with an appropriate FDA approved drug have already been identified. There is a lack of documentation related to the injured worker utilizing FDA approved drugs prior to Vicosetron. Therefore, the retrospective request is not medically necessary.

Post-Operative Physical Therapy for the Right Wrist and Hand (2 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The California MTUS Guidelines recommend postsurgical treatment of 18 visits over 6 weeks. Special considerations include that postsurgical physical medicine is rarely needed for ganglionectomy. According to the documentation provided for review, the injured worker has been approved for six postoperative physical therapy visits. According to the clinical note dated February 06, 2014, March 31, 2014, and May 06, 2014, the injured worker rated her pain at 3/10 at rest, with activity rated 7/10. The injured worker's strength was rated at 2/5 throughout and range of motion revealed flexion to 40 degrees, extension to 20 degrees, ulnar deviation to 20 degrees, and radial deviation to 10 degrees. There is a lack of documentation related to the increased functional ability related to previous physical therapy. In addition, the guidelines state that postsurgical physical medicine is rarely needed for ganglionectomy. Therefore, the request is not medically necessary.

Retrospective Theraflex Transdermal Cream (20%/10%/4% - Flurbiprofen, 10mg-dispensed 1/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), Topical Analgesic Page(s): 111.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended as an option. Although largely experimental in use with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of specific analgesic effect of each agent and how it will be useful to the specific therapeutic goal if required. Flurbiprofen is a nonsteroidal anti-inflammatory. The effectiveness in clinical trials for this treatment modality have been inconsistent and most studies are small and of short duration. The effect is superior during the first 2 weeks of treatment for osteoarthritis, with a diminishing effect over another 2 weeks. The California MTUS Guidelines state that glucosamine and chondroitin sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. According to the documentation provided for review, the injured worker presented with pain in the wrist following postsurgical treatment. There is a lack of documentation related to neuropathic pain or the trials of antidepressants and anticonvulsants that have failed. Therefore, the retrospective request is not medically necessary.

Retrospective Cyclobenzaprine (7.5mg, #90-dispensed 1/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes with a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is a lack of documentation provided relating to the injured worker's complaints of muscle spasms. Therefore, the retrospective request is not medically necessary.

Retrospective Dyotin (250/10mg capsule, #60-dispensed 1/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18 &49.

Decision rationale: Dyotin is a mixture of gabapentin and vitamin B6. The California MTUS Guidelines state that gabapentin is an antiepilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. In addition, the guidelines state that there is limited evidence to show that gabapentin is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin like compounds results in decreased opioid consumption. This beneficial effect, which may be related to an anxiety affect, is accompanied by increased sedation and dizziness. In addition, the Official Disability Guidelines (ODG) state that compounded drugs are not recommended as a first line therapy for most patients, but recommended as an option after a trial of first line FDA approved drugs, if the compound drug uses FDA approved ingredients that are recommended in ODG. There is a lack of documentation related to the failure of FDA approved drugs prior to the prescription of Dyotin. In addition, the guidelines do not recommend gabapentin for postoperative pain. Therefore, the retrospective request is not medically necessary.

Retrospective Flurbitec (100/100mg, #60-dispensed 1/15/14) 14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Drugs.

Decision rationale: The Official Disability Guidelines (ODG) state that compounded drugs are not recommended as a first line therapy for most patients, but recommended as an option after a trial of first line FDA approved drugs, if the compound drug uses FDA approved ingredients that are recommended in ODG. There is a lack of documentation related to the failure of FDA approved drugs prior to the prescription of Flurbitec 100/100mg. Therefore, the request is not medically necessary.

Retrospective Keratek Gel (4oz dispensed 1/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105 &111.

Decision rationale: The California MTUS Guidelines recommend topical analgesic as an option as indicated. Although largely experimental in use with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines recommend salicylate topicals. Topical salicylate is significantly better than placebo in chronic pain. There is a lack of documentation provided for review related to the injured worker's failed trials of antidepressants or anticonvulsants. Therefore, the retrospective request is not medically necessary.